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MEDICAL EVIDENCE FOR SOCIAL SECURITY PURPOSES

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MEDICAL EVIDENCE FOR SOCIAL SECURITY PURPOSES

INTRODUCTION

1. Brief guidance about the issue of doctor's Statements and maternity benefit certificates for social security purposes is given in each pad of Statements or certificates. The purpose of this booklet is to explain the more important points about the issue of Statements and certificates and to help doctors in the correct use of these official forms. The rules as laid down in Regulations are reproduced in Appendices 1 and 2.

2. The most important general points which doctors are asked to note are:

- (1) A Statement of advice on refraining from work (Form Med. 3) or Certificate of Expected Confinement (Form Mat. B.1) must *never* be issued without an examination of the patient.

In the case of Statements of advice on refraining from work (Form Med. 3), the patient must have been seen by the doctor who must satisfy himself as to the necessity, or otherwise, for the patient to refrain from work. Examination, in the sense of physical examination, may not be necessary on every occasion.

The issue of a Certificate of Expected Confinement (Form Mat. B.1) must be based on a physical examination which satisfies the doctor (or midwife) that the patient is pregnant.

- (2) The diagnosis of the disorder on which the doctor's advice about refraining from work is based should be entered on the Statement as fully and accurately as the evidence available to the doctor allows. (But see (3) below and paragraph 16.) The diagnoses on Statements are used as the basis for statistics about the incidence of disease.

This entry is also used by the Department of Health and Social Security in their "control" of benefit claims (see paragraphs 17 and 18).

- (3) If, when a patient is first seen in respect of a disorder which he says caused him to be incapable of work, there are no clinical signs of that disorder and, in the doctor's opinion, the patient need not refrain from work, then instead of a diagnosis, the word "unspecified" may be entered in the diagnosis space on the Statement.

- (4) If when seeing a patient it is expected that he will be fit to resume work within the next two weeks a "closed" Statement may be issued (see paragraph 5).
- (5) (a) During the first six months of absence from work Statements covering forward periods of not more than six months may be issued. (b) Once a patient has been unfit continuously for more than six months, Statements covering such forward periods as the doctor considers appropriate may be issued. (c) In exceptional over six months cases, if recovery in the foreseeable future is not expected, the words "until further notice" may be entered on the Statement—provided the doctor is satisfied that the entry would have no harmful effect on the patient.

MEANING OF INCAPACITY FOR WORK AND OF ADVICE TO REFRAIN FROM WORK

3. A person who claims sickness, invalidity or injury benefit is required to prove that he is "incapable of work by reason of some specific disease or bodily or mental disablement". Claims are decided by independent "Statutory Authorities"—an insurance officer in the first place and, on appeal, a local tribunal; and finally, on further appeal, by a National Insurance Commissioner. These authorities consider all available evidence in reaching their decisions. Doctors' Statements form an important part of the evidence and are normally adequate on their own to establish the facts to the satisfaction of the statutory authorities. It is therefore important that Statements advising patients to refrain from work should be given only when, in the doctor's opinion, the patient is definitely unable to work because of his mental or physical disorder or it would be prejudicial to his health if he worked. Otherwise, a patient may obtain public money to which he is not entitled—at the expense of other contributors to the National Insurance Fund. The following explanations on some points of possible difficulty may help doctors:

(1) Kind of work to be considered

Where an illness or injury is likely to be of short duration, the doctor will usually need to have regard only to the patient's normal occupation. For instance, a relatively minor injury may make it inadvisable for a patient to undertake heavy manual work, whereas advice to refrain from work might not be appropriate in the case of a similar injury to a patient whose ordinary work is supervisory or managerial. When, however, a patient has been advised to refrain from work in his normal occupation for some considerable time (perhaps six months or so) and is likely to receive similar advice for a further long period, the question of fitness for alternative work should be considered. The situation is similar where there has been

an irreversible change in physical or mental capacity and it is clear at an early stage that the previous job has become, and will remain, impossible.

(2) Capable of household duties

If a woman has for some considerable time (perhaps six months or so) been advised to refrain from her normal paid employment but is nevertheless doing an amount of housework in her own home for which she could reasonably expect to be paid if it were done for an employer, there will generally be no ground for continuing to issue Statements of advice to refrain from work.

(3) Pregnancy

For sickness or invalidity benefit purposes "pregnancy" alone is not generally regarded as a cause of incapacity for work earlier than the sixth week before confinement, but consideration is given to the nature of the woman's job. Most women satisfying the contribution conditions for sickness benefit will in any event qualify for maternity allowance; and that benefit can be paid from the 11th week before confinement without the need for Statements of advice to refrain from work (see paragraph 21).

(4) Infectious diseases—contacts or carriers

In England and Wales a person who is otherwise capable of work may be deemed to be incapable if he is excluded from work *on a certificate of the proper medical officer of a Local Authority* and is under medical observation because he is a carrier or has been in contact with a case of infectious disease. Such a patient should not be given any Statement but should be told to get in touch immediately with the Medical Officer for Environmental Health (who will tell the doctor what action he takes). In Scotland contacts or carriers should be referred to the appropriate Community Medicine Specialist, if medical evidence for social security purposes is required.

STATEMENTS OF ADVICE ON REFRAINING FROM WORK

4. A person wishing to claim sickness, injury or invalidity benefit must normally do so within six days (excluding Sunday) from the start of his incapacity. The usual way to do this is to send in to the local office of the Department of Health and Social Security a doctor's Statement (Form Med. 3) on which the patient has completed the portion which constitutes the claim for benefit. If a claimant does not see his doctor until (say) the fourth day of incapacity he can be given a Statement only from that day, but he may nevertheless claim benefit from the start of the incapacity. Only if any doubt arises is the claimant likely to be required to satisfy the Statutory Authorities that he was incapable of work on the earlier days by providing supporting evidence other than a doctor's Statement.

The doctor's Statement, Form Med. 3

Note: The periods of two weeks mentioned in the following paragraphs mean any periods of 14 consecutive days.

"Closed" Statements for short periods

5. A doctor seeing for the first time a patient who, in his opinion, should refrain from work should consider whether the patient is likely to be fit to resume work within two weeks; if he thinks so, he may issue a "closed" Statement on Form Med. 3 (by completing Part (b)) indicating the earliest day (within the next two weeks) on which he considers the patient will be fit to resume work. Unless he has a relapse, the patient will not need any further Statement for that spell of incapacity.

"Open" Statements for longer periods

6. If, however, the patient is being advised to refrain from work and it is not likely that he will be able to resume work within two weeks, the doctor should issue an "open" Statement by completing Part (b) of Form Med. 3 indicating a specified period—up to a maximum of six months—during which he feels confident that the patient should refrain from work or after which he wishes to see the patient again to review the position.

7. Having once issued an "open" Statement to a patient, the doctor should consider at each subsequent examination whether:

- (1) it is likely that the patient will be fit to resume work within the next two weeks: if it is likely, he may issue a "closed" Statement specifying the day on which the patient will be fit to resume; or
- (2) it is not likely that the patient will be fit to resume work within two weeks—in which case he should, if the period covered by the previous Statement has expired, or is about to expire, issue a further "open" Statement for the appropriate period.

8. Ordinarily, Statements issued during a period of incapacity should be continuous, i.e., each "open" Statement should be followed by a further Statement covering the immediately following period. In the case of recovery earlier than expected, however, a doctor is of course entirely free to issue a "closed" Statement, advising that there is no need to refrain from work, within a period already covered by an "open" Statement. Similarly, if a patient is seen shortly before the last date covered by the current "open" Statement, and the doctor is satisfied that the patient will have to be advised to refrain from work beyond that date, then the doctor may issue a further Statement which will overlap with the earlier Statement. The issue of such overlapping Statements will avoid the necessity for the patient to be seen again solely for the purpose of the issue of Form Med. 3.

9. Every period of incapacity covered by an "open" Statement should be terminated by the issue of a "closed" Statement indicating fitness to resume work on a specified day. Claimants whose current Statement is an "open" one should, before going back to work, obtain a "closed" Statement

advising no further need to refrain from work. A "closed" Statement must not be issued after a patient has in fact returned to work (but see paragraph 13).

Statements covering more than six months

10. Once a patient has been unfit for work for six months or more, an "open" Statement may cover any period during which the doctor is satisfied that the patient should refrain from work. In appropriate cases of serious illness or disablement (and where its issue is unlikely to have any harmful effect on the patient because he is already aware of the prognosis) the issue of a longer-term Statement enables the Department of Health and Social Security to issue an order book to the patient: this ensures the regular weekly payment of benefit to the patient with the minimum of trouble.

11. When issuing a Statement to a patient who has, on the advice of his doctor, already refrained from work continuously for at least six months and who is considered to be so ill or disabled that he is unlikely ever to become fit for work, the doctor may enter "further notice" after "until" at Part (b) of Form Med. 3. This wording should not, of course, be used if it is likely to have any harmful effect on the patient and would probably be inappropriate if, for example, the patient himself retains some hope of returning to work. The issue of an "until further notice" Statement will not, of course, affect the frequency with which a patient may need to be seen for the purposes of medical care or attention.

Doctors should never issue a Statement on a Form Med. 3 more than one day after the examination upon which it is based.

Completion of Statement

12. Doctors are asked to specify on Statements the diagnosis of the patient's disorder as *precisely and accurately* as possible (but see paragraph 16). This is particularly important where the disorder is believed to arise from an injury at work or from a prescribed occupational disease. If only one organ, or member, of a pair is affected the Statement should specify which one, e.g., sprained right ankle. If only a tentative diagnosis is possible at first, an accurate description should be given on later Statements. Such terms as "*injury*", "*debility*" and "*chill*" and terms describing symptoms rather than a specific disease should be avoided whenever possible.

The doctor's Special Statement—Form Med. 5

13. Special Statements are for use by a doctor in circumstances which debar him from issuing the prescribed form of Statement, Form Med. 3. Where, for example, a doctor needs to issue a Statement more than one day after the examination, or where a patient has resumed work without obtaining a Statement of fitness to do so, Part (A) of Form Med. 5 should be completed. Where a doctor wishes to record his view as to the patient's condition before the current examination, e.g., because pressure on the doctor's time or other special circumstances have involved unusual delay in

arranging the examination, the remarks space on the Med. 5 may be used (as on Form Med. 3—see paragraph 26).

14. It will not be appropriate to issue a Form Med. 5 when the doctor agrees with an opinion expressed by the Regional Medical Officer that a patient is not incapable of work. Neither should a Form Med. 5 be issued for a period which has already been covered by a "closed" Statement of fitness to resume work.

15. If, because he has not examined a patient, a doctor is prevented from issuing Form Med. 3 but he is, nevertheless, satisfied on the basis of a written report from a doctor at a hospital, at a place of employment or at some other institution, that the patient should refrain from work, then he may, in the circumstances described in the next sentence, issue Form Med. 5 completed at Part (B). *The issue of such a Statement is permitted only if the report was issued within the month immediately preceding the date on which the Special Statement is being given; and the report was issued by a doctor other than a partner, assistant or other deputy of the doctor issuing the Statement. The advice on the Med. 5 to refrain from work must not cover a forward period of more than one month.*

Entry of vague diagnosis (use of Form Med. 6)

16. Where a doctor has deliberately not entered the real diagnosis on a Form Med. 3 as precisely as the Rules require, because he considers it is undesirable that the patient should know the true diagnosis, he should—concurrently with the issue of the first doctor's Statement containing the imprecise diagnosis—notify the Divisional Medical Officer of the Department of Health and Social Security (or Welsh Office (Health Department) or the Regional Medical Officer of the Scottish Home and Health Department) by sending him a completed Form Med. 6, one copy of which is included in each pad of Forms Med. 3. The address of the Divisional/Regional Medical Officer will be found on the back of Form Med. 6. The Divisional/Regional Medical Officer will tell the local office of the Department of Health and Social Security when Form Med. 6 has been used (but will not divulge the true diagnosis) in order to prevent action which that office might otherwise take, e.g., referring the patient for examination by a Regional Medical Officer which, in the circumstances of his illness, might well cause the patient distress.

REFERENCES TO THE REGIONAL MEDICAL SERVICE

References by local offices of the Department of Health and Social Security

17. As part of the arrangements for control of claims for sickness, invalidity and injury benefit, claimants may be referred to the Divisional Medical Officer of the Department of Health and Social Security (or appropriate

Medical Officer in Wales and Scotland) for a medical examination and opinion on incapacity for work. The Medical Officer consults the patient's own doctor before an examination is arranged. Claimants for benefit may, for example, be referred in this way where an illness has continued longer than usual. Claimants may also be referred to get an opinion on whether the incapacity and/or personal injury is the result of an industrial accident. If the diagnosis given on Statements is not sufficiently explicit (see paragraph 12) claimants may be referred unnecessarily.

References by doctors

18. Doctors who themselves want a second opinion while continuing to issue Statements of advice to refrain from work may refer the case to the Divisional Medical Officer (Regional Medical Officer in Scotland) direct using the Form RM. 7, one copy of which is included in each pad of Forms Med. 3. The Medical Officer will inform the local social security office of the result of the examination, and action in the matter of benefit will be taken in exactly the same way as if the claimant had been referred by that office without any action by the doctor. The claimant will not be told that the reference was made by his own doctor.

EMPLOYMENT REHABILITATION

19. In some cases referred to him for a second opinion the Divisional Medical Officer (Regional Medical Officer in Scotland) may think that a course of employment rehabilitation under the scheme administered by the Employment Service Agency would assist a patient to get back to work either in his previous employment or in a new job. If so, the claimant's doctor will be consulted before any course is arranged. It is not necessary for the claimant to be fully fit to resume work before an employment rehabilitation course begins.

20. Doctors will be well aware of the dangers of invalidism developing in certain cases where abstention from work is prolonged. If a doctor considers that any patient for whom he is issuing Statements of advice on refraining from work, needs the help of the Disablement Resettlement Officer (DRO) on an employment problem,* he should:

- (a) write to the DRO at the local office of the Employment Service Agency using, if he wishes, Form D.P. 99, pads of which are obtainable from that office;
- (b) put a tick in the vocational rehabilitation box provided on Form Med. 3, if appropriate.

The tick will indicate to the social security office that the doctor is in touch with the DRO about rehabilitation. Arrangements for *medical rehabilitation* are, of course, made by the doctor himself in the usual way as part of the treatment of his patient.

*The help available through the DRO may include specialist resettlement services, employment rehabilitation courses, training (TOPS) courses, help with fares to work, special aids to employment, and sheltered employment.

CERTIFICATES FOR MATERNITY BENEFITS

21. (1) *Maternity Grant*. Most pregnant women qualify on their own or their husband's contributions for maternity grant, which may be claimed from the 14th week before confinement up to three months after the birth. An additional grant is payable in the case of a multiple birth, subject to certain conditions regarding survival of the children.
- (2) *Maternity Allowance*. Women who normally work and pay full standard-rate contributions may also qualify for maternity allowance, which may be paid weekly for 18 weeks beginning 11 weeks before the week in which the confinement is expected.

Maternity benefits are usually claimed before confinement. There may be loss of benefit if a claim is made after confinement. Claim forms are obtainable at local offices of the Department of Health and Social Security or from Maternity and Child Welfare Clinics. Claims made before confinement must be supported by a Certificate of Expected Confinement. Claims made after confinement by a Certificate of Confinement, completed by a doctor or certified midwife, or a birth certificate.

Certificate of Expected Confinement (Form Mat. B.1)

22. The Certificate of Expected Confinement is for completion by a doctor (or certified midwife), not earlier than 14 weeks before the week in which confinement is expected. It is particularly important that the Certificate should not be issued unless the doctor is satisfied himself that the patient is in fact pregnant. The date on which the confinement is expected should be estimated as accurately as possible, as the period for which the maternity allowance is paid will depend on it.

Certificate of Confinement (Form Mat. B.2)

23. A Certificate of Confinement will generally be needed when a woman claims maternity benefit after confinement. It may be given by the doctor (or midwife) who attended the woman in connection with her confinement.

GENERAL

Duplicate Statements and Certificates

24. The Rules forbid the issue of duplicate Statements or Certificates on the prescribed forms except to replace forms which have been lost or mislaid. They should then be clearly marked "DUPLICATE".

There is nothing in the Rules to prevent the issue of a private certificate *not of the prescribed form* for the patient to use otherwise than for Social Security purposes.

Signature by doctors

25. Statements and Certificates must not be signed by the doctor until the rest of his part of the form has been completed. His signature should

always be written in ink; *on no account should a rubber stamp be used for this purpose.*

Use of Remarks space

26. This is for use at the doctor's discretion. For example, the doctor may wish to record that he has no reason to doubt earlier illness when he examines the patient some time after the onset of illness. This could apply whether or not he is advising the patient to refrain from work.

Care of Statements and Certificates

27. Blank Statement and Certificate forms getting into unauthorised hands have led to fraudulent claims for benefit. Doctors are therefore asked to take care of pads of forms and not to leave them lying about.

Lost or stolen Statements and Certificates

28. If doctor's Statement forms or Certificates are lost or stolen, doctors are asked to report the circumstances to the appropriate Family Practitioner Committee or, in Scotland, the Health Board, who will notify the Department of Health and Social Security. The prompt notification of losses or thefts will assist the Department in its efforts to detect any attempt to obtain benefit by the improper use of the forms.

Supply of Statements and Certificates

29. The Certificates and forms mentioned above are supplied to doctors by a Family Practitioner Committee or Health Board.

The Statements and Certificates may be given to private as well as to NHS patients, and should be used in every case where the patient requires medical evidence for social security purposes.

Further advice on completion of Statements and Certificates

30. Divisional Medical Officers (Regional Medical Officers in Scotland) are always ready to assist doctors on any medical questions concerning the completion of doctors' Statements or Certificates, and the Managers of local offices of the Department to help on non-medical matters.

FURTHER ADVICE ON OTHER MATTERS

Social security matters

31. If doctors are asked questions about social security matters, it would be best to advise the patient to make enquiries at the local office of the Department of Health and Social Security.

“Help for Handicapped People”

32. The Department’s leaflet, “Help for Handicapped People”, may assist doctors in directing the patient, who is in need of additional non-medical help, to the appropriate organisation.

Employers’ sight of Med. 3/Med. 5

33. This booklet concerns medical evidence for social security purposes. A patient who has been given a statement of advice on refraining from work, for social security purposes (i.e., Form Med. 3 or Med. 5) may, if he chooses, show it to his employer before it is forwarded to the social security office.

Private medical certificates

34. The issue of private medical certificates for other than social security purposes is a matter for the doctor.

Emergency procedures

35. If, during an epidemic or similar emergency, a doctor finds it impossible to issue Statements without seriously jeopardising the care and treatment of patients, he should first contact the Local Medical Committee who can liaise with the Manager of the local office of the DHSS.

APPENDIX 1

RULES FOR THE ISSUE OF DOCTOR'S STATEMENTS REQUIRED FOR SOCIAL SECURITY PURPOSES

(Schedule to the Social Security (Medical Evidence) Regulations 1976)

1. In these rules, unless the context otherwise requires:

“claimant” means the person in respect of whom a statement is given in accordance with these rules;

“doctor” means a registered medical practitioner not being the claimant;

“doctor’s statement” means a statement in accordance with these rules;

“two weeks” means any period of 14 consecutive days.

2. The doctor’s statement shall be in the form set out in Part II of this Schedule. *(This is the Form Med. 3, and so is not reproduced in this Appendix.)*

3. Where the claimant is on the list of a doctor providing general medical services under the National Health Service Act 1946, or the National Health Service (Scotland) Act 1947, and is being attended by such a doctor, the doctor’s statement shall be on a form provided by the Secretary of State for the purpose and shall be signed by that doctor.

4. In any other case, the doctor’s statement shall be either on a form provided by the Secretary of State for the purpose or in a form substantially to the like effect, and shall be signed by the doctor attending the claimant.

5. Every doctor’s statement shall be completed in ink or other indelible substance, and shall contain the following particulars:

(a) the claimant’s name;

(b) the date of the examination on which the doctor’s statement is based;

(c) the diagnosis of the claimant’s disorder in respect of which the doctor is advising the claimant to refrain from work or, as the case may be, which has caused the claimant’s absence from work;

(d) the date on which the doctor’s statement is given;

(e) the address of the doctor,

and shall bear, opposite the words “Doctor’s signature”, the signature of the doctor making the statement written after there have been entered the claimant’s name and the doctor’s diagnosis.

6. Subject to rules 7 and 8 below, the diagnosis of the claimant’s disorder in respect of which the doctor is advising the claimant to refrain from work or, as the case may be, which has caused the claimant’s absence from work shall be specified as precisely as the doctor’s knowledge of the claimant’s condition at the time of the examination permits.

7. Where, in the doctor’s opinion, a disclosure to the claimant of the precise disorder would be prejudicial to his well-being, the diagnosis may be specified less precisely.

8. In the case of an initial examination by a doctor in respect of a disorder stated by the claimant to have caused incapacity for work, where:

(a) there are no clinical signs of that disorder, and

(b) in the doctor’s opinion, the claimant need not refrain from work, instead of specifying a diagnosis “unspecified” may be entered.

9. A doctor's statement must be given on a date not later than one day after the date of the examination on which it is based, and no further doctor's statement based on the same examination shall be furnished other than a doctor's statement by way of replacement of an original which has been lost or mislaid, in which case it shall be clearly marked "duplicate".

10. Where, in the doctor's opinion, the claimant will become fit to resume work on a day not later than two weeks after the date of the examination on which the doctor's statement is based, the doctor's statement shall specify that day.

11. Subject to rules 12 and 13 below, the doctor's statement shall specify the minimum period during which, in the doctor's opinion, the claimant should, by reason of his disorder, refrain from work.

12. The period specified shall begin on the date of the examination on which the doctor's statement is based and shall not exceed six months unless the claimant has, on the advice of a doctor, refrained from work for at least six months immediately preceding that date.

13. Where:

(a) the claimant has, on the advice of a doctor, refrained from work for at least six months immediately preceding the date of the examination on which the doctor's statement is based, and

(b) in the doctor's opinion, it will be necessary for the claimant to refrain from work for the foreseeable future,

instead of specifying a period, the doctor may, having regard to the circumstances of the particular case, enter the words "until further notice".

14. The Notes set out in Part III of this Schedule shall accompany the form of doctor's statement provided by the Secretary of State (*set inside the front cover of the Med. 3 pad, and so not reproduced in this Appendix*).

15. A doctor may, having regard to the circumstances of the particular case, indicate on the doctor's statement that the claimant should be considered for vocational rehabilitation.

APPENDIX 2

RULES FOR THE ISSUE OF CERTIFICATES OF EXPECTED CONFINEMENT OR CONFINEMENT

1. In these rules "claimant" means the woman in respect of whom a certificate is given in accordance with these rules.

2. Certificates of expected confinement or confinement shall be given by a doctor or certified midwife attending the claimant and shall not be given by the claimant.

3. The certificate shall be on a form provided by the Secretary of State for the purpose and the wording shall be that set out in the appropriate form in Part II of this Schedule. *(These are the Certificates Mat. B.1 and Mat. B.2 held by the doctor, and so are not reproduced in this Appendix.*

4. Every certificate of expected confinement or confinement shall be completed in ink or other indelible substance and shall contain the following particulars:

- (a) the claimant's name;
- (b) in the case of a certificate of expected confinement, the week in which it is to be expected that the claimant will be confined and the date of the examination on which the certificate is based;
- (c) in the case of a certificate of confinement, the date and place of the confinement, and the date of the examination on which the certificate is based;
- (d) the date on which the certificate is given;
- (e) where the certificate is signed by a midwife, either the registered number of the midwife or her address and the date of her qualification;

and shall bear, opposite the word "Signature", the signature of the person giving the certificate written after there have been entered on the certificate the claimant's name and the expected date or, as the case may be, the date of the confinement.

5. After a certificate has been given, no further certificate based on the same examination shall be furnished other than a certificate by way of replacement of an original which has been lost or mislaid, in which case it shall be clearly marked "duplicate".

